

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

03-008

2. STATE:

Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 13, 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 (a)(23); P.L. 105-33  
1932 (a)(1); (1905t)

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 41 of Section 4.10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Page 41 of Section 4.10

\*\* See Remarks

*Puerto Rico (03-008)*  
*Approved: 02/24/04*  
*effective: 08/13/03*

10. SUBJECT OF AMENDMENT:

Freedom of choice

1. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted to Governor's Office

2. SIGNATURE OF STATE AGENCY OFFICIAL:

3. TYPED NAME:

Johnny Rullán, MD, FACPM

4. TITLE:

Secretary of Health

5. DATE SUBMITTED:

September 26, 2003

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

6. DATE RECEIVED:

SEP 30 2003

18. DATE APPROVED:

FEB 24 2004

**PLAN APPROVED - ONE COPY ATTACHED**

7. EFFECTIVE DATE OF APPROVED MATERIAL:

08/13/03

20. SIGNATURE OF REGIONAL OFFICIAL:

8. TYPED NAME:

Sue Kelly

22. TITLE:

Associate Regional Administrator

Division of Medicaid and Children's Health

REMARKS:

Originally submitted page has been revised, replaced and approved.

New: HCFA-PM-99-3  
JUNE 1999

State: [Puerto Rico]

Citation

42 CFR 431.51

AT 78-90  
46 FR 48524  
48 FR 23212  
1902(a) (23)  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

Section 1902(a) (23)  
Of the Social  
Security Act  
P.L. 105-33

Section 1932(a) (1)  
Section 1905(t)

4.10 Free Choice of Providers

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual –
  - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
  - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
  - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,
  - (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or
  - (5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b) (1), or 1932(a); managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

  x   **Freedom of Choice is not applicable to Puerto Rico**

TN # 03-08  
Supersedes TN # 92-10

Effective Date 08/13/03  
Approval Date ~~FEB 24 2004~~